COVER PAGE

TAMU DEPARTMENT OF PSYCHOLOGY

**REQUEST TO ACCESS HUMAN PATICIPANT POOL**

INSTRUCTIONS ( 🗹 check boxes below):

🞏 Attach a PDF printout of the email from the Department Head or the Vice President of Research clearing your lab for in-person studies (if in-person study)

🞏 Include the PDF of your IRB approval letter

🞏 Attach a PDF of your informed consent form (approved by IRB)

🞏 Attach a PDF of your written debriefing form (if available)

🞏 Include all pages in one email

🞏 Email packet to subjectpooltamu@gmail.com

Name of faculty supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name & email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this study an online study? Y N

If no, attach a PDF printout of the email from the Department Head or the Vice President of Research’s office clearing your lab to conduct in-person studies. In Gmail, use the “Print All” icon.

How long will each session of the study last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You must assign one credit for every 30 minutes that subjects participate)

How many participants do you plan to run in this study this semester? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of credits (30 min blocks) for this experiment this semester \_\_\_\_\_\_\_\_\_\_\_\_

(Multiply number of participants by number of 30 minute credits)

IRB Approval Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this study share the same IRB approval code as another active study? Y N

If Yes, list active Study Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this study a collaboration with researchers outside TAMU Psychology? Y N

If Yes, list the associated department(s)/university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After this form is completed, email to subjectpooltamu@gmail.com**

Applicants: Please do not write in this space.

 Study ID#\_\_\_\_\_\_\_\_\_

 (e.g., 06F99)